

LPN-C

CANDIDATE BULLETIN

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NEBRASKA BOARD OF NURSING (NBON)

COMMUNICATING ABOUT THE LPN-C

Telephone: (402) 471-4376/4925/4917 Monday through Friday 8:00 a.m. to 5:00 p.m. Central Standard Time (CST)/Central Daylight Savings Time (CDST)

**Write: Credentialing Division
 Regulation and Licensure
 Health and Human Services System
 301 Centennial Mall South, 3 Floor
 PO Box 94986
 Lincoln, NE 68509-4986**

**E-Mail: maryann.moore@hhss.ne.gov
 sheila.exstrom@hhss.ne.gov**

**Fax: (402) 471-1066 (Nursing)
 (402) 471-3577 (Credentialing Division)**

LPN-C CANDIDATE BULLETIN

PURPOSE OF THE LICENSED PRACTICAL NURSE-CERTIFIED ACT

The purposes of the Licensed Practical Nurse-Certified Act are (1) to provide a means by which Licensed Practical Nurses-Certified may perform certain activities related to intravenous therapy, (2) to provide for approval of certification courses to prepare Licensed Practical Nurses-Certified, and (3) to ensure the health and safety of the general public.

ELIGIBILITY REQUIREMENTS

EXAM ELIGIBILITY

To take the LPN-C exam, candidates must satisfy these requirements:

- Have a current license to practice as a Licensed Practical Nurse in Nebraska;
- Have successfully completed a Nebraska approved certification course within one (1) year before application for certification;
- Have filed an application with the department on a form provided by the department; and
- Have paid the appropriate fee.

ENTRY TO THE EXAMINATION

On the day of the examination, candidates must bring their current LPN license and a photo ID to the examination.

CERTIFICATION ELIGIBILITY

To be certified as a LPN-C, a candidate must meet the four criteria listed above plus satisfactorily pass (pass rate = 80%) an examination approved by the board.

REWRITE ELIGIBILITY

A candidate may rewrite the examination one time (if written within the same year of having successfully completed the approved certification course).

HOW TO REGISTER

To register for the LPN-C exam, an applicant must submit an application form, which can be obtained from the LPN-C program or by calling the Nebraska Board of Nursing, along with a check or money order for \$30.00 to the Nebraska Board of Nursing. ***Applications should be received in NBON's office at least two weeks in advance of the desired testing date to allow time to send out verification of requested time and location of the exam. Applications not received by that date will be accepted, but requested location and date may not be granted.*** Proof of completing a LPN-C program within the past year must also be submitted. This proof can either be in the form of a completion letter from the coordinator of the course or a transcript showing completion of the course.

REFUNDS

July 21, 2004, our Regulations changed to include a refund minus a \$25.00 administrative fee for applicants who fail the LPN-C test. If you have not received a refund in a month after you failed the test, please contact Mary Ann Moore to check to see if possibly the refund was overlooked. The refund totals \$5.00.

May 1 through October 31 of odd-numbered years, since the fee is only \$25.00 there is no refund

USE OF CALCULATORS

The use of calculators to take the examination is allowed. The only calculators allowed are those provided by the proctor. Scratch paper is also provided in the exam booklet that may be used to do any calculations needed to be able to select a correct answer.

SAMPLE QUESTIONS

1. The LPN-C is starting an IV on a patient. Appropriate veins are available in all of the following sites. Which would be ***MOST*** appropriate?
 - a. Mid-forearm;
 - b. Back of the hand;
 - c. Above the antecubital area;
 - d. Near the radial pulse on the wrist.

Correct answer: b.

2. The doctor's order for intravenous infusion reads: "1000 cc of D5LR over 8 hours." How many drops per minute would this be if the drip factor is 15 drops per cc?
 - a. 25 gtts/min;
 - b. 32 gtts/min;
 - c. 43 gtts/min;
 - d. 50 gtts/min.

Correct answer: b.

3. A client, who is allergic to penicillin, has received several doses of cephalosporin IV without signs of allergic reaction. The LPN-C is to administer the next dose of cephalosporin. Which of the following is a true statement concerning this situation?
- a. This client should not receive cephalosporin;
 - b. The client will not have an allergic reaction since he has safely received cephalosporin several times;
 - c. Allergic reactions are less likely to occur when medications are given intravenously;
 - d. The client must continue to be monitored closely for sign of allergic reaction.

Correct answer: d.

4. When taking a client's blood pressure, the systolic reading measures which of the following?
- a. Velocity of the flow of blood;
 - b. Venous pressure;
 - c. Pressure during ventricular relaxation;
 - d. Pressure during ventricular contractions.

Correct answer: d.

LPN-C COURSES

PROGRAM CODES

<u>SCHOOL</u>	<u>LOCATION</u>	<u>CODE</u>
CENTRAL COMMUNITY COLLEGE	COLUMBUS	011
CENTRAL COMMUNITY COLLEGE	GRAND ISLAND	012
CENTRAL COMMUNITY COLLEGE	KEARNEY	013
MADONNA REHABILITATION HOSPITAL	LINCOLN	070
METRO COMMUNITY COLLEGE	OMAHA	020
MID-PLAINS COMMUNITY COLLEGE	NORTH PLATTE	030
NORTHEAST COMMUNITY COLLEGE	NORFOLK	060
SOUTHEAST COMMUNITY COLLEGE	BEATRICE/LINCOLN	040
THAYER COUNTY HEALTH SERVICES	HEBRON	080
WESTERN NE COMMUNITY COLLEGE	ALLIANCE/ SCOTTSBLUFF	050

NEBRASKA BOARD OF NURSING APPROVED LPN-C COURSES

<u>PROGRAM</u>	<u>CONTACT</u>	<u>LOCATION/S</u>
Central Community College	Grand Island Campus Ms. Patricia Karsk, RN 3134 W HWY 34 PO Box 4903 Grand Island, NE 68802-4903 (308) 398-7455 X 7455	Columbus Grand Island Hastings Kearney
Madonna Rehabilitation Hospital	Ms. Sharon Duffy, RN 5401 South ST Lincoln, NE 68506-2134 (402) 483-9595	Lincoln
Metropolitan Community College	Ms. Diane Hughes, RN PO Box 3777 Omaha, NE 68103-0777 (402) 457-2467 1-800-228-9553	Omaha
Mid-Plains Community College	North Platte Campus Ms. Diane Hoffman, RN 1101 Halligan DR North Platte, NE 69101 (308) 532-8740 X 323 1-800-658-4308	Broken Bow McCook North Platte Valentine
Northeast Community College	Ms. Anne Oertwich, RN 801 E Benjamin AVE PO Box 469 Norfolk, NE 68702-0469 (402) 644-0444 1-800-348-9033	Norfolk
Southeast Community College	Beatrice Campus Ms. Crystal Higgins, RN 4771 W Scott RD Beatrice, NE 68310 (402) 228-3468 X 264 1-800-233-5027	Beatrice Falls City Lincoln Nebraska City
Thayer County Health Services	Ms. Dianne Simpson, RN 120 Park AVE PO Box 49 Hebron, NE 68370 (402) 768-6041	Hebron

PROGRAM

Western Nebraska
Community College

CONTACT

Scottsbluff Campus
Ms. Anne Hippe, RN
1601 E 27 ST
Scottsbluff, NE 69361-1899
(308) 635-3606 X 6060
1-800-348-4435

LOCATION/S

Alliance
Scottsbluff
Sidney

TEST PLAN LPN-C CERTIFICATION EXAMINATION
Beginning the Fall of 2003

	Data Collection/ Assessment	Intervention/ Planning*	Evaluation/ Documentation/ Communication	Infection Control	Legal/ Ethical	TOTAL
Review of Anatomy and Physiology— circulatory, respiratory and renal	3-5%	3-5%	3-4%	3-4%	0	15% (12-18%)
Fluid and Electrolyte Balance	4-6%	5-7%	5-7%	4-6%	0	22% (18-26%)
Peripheral IV Therapy	5%	5%	5%	5%	5%	25%
Central-line IV Therapy	1-2%	2-3%	1-2%	2-3%	2-3%	10% (8-13)
Pharmacology	4-5%	6-7% *	6-8%	4-6%	4-6%	28% (24-32%)
	20% (17-23)	24% (21-27)	23% (20-26)	21% (18-24)	12% 12-15)	100%

*Includes calculations

2006 LPN-C EXAMINATION SCHEDULE

Applications and completion letters need to be received in our office two weeks prior to the testing dates so that applicants can receive verification from us that the registration for a specific testing site and date has been received and approved. This would avoid undue pressure on our office staff, unnecessary telephone calls and reduced anxiety for the applicants.

January 10—Scottsbluff—1:00 PM (MT)—WNCC, John Harms Tech Center, Rm. A113
January 11—Columbus—10:30 AM—CCC, West Education Building, Room #205
January 19—North Platte—1:00 PM—Craft State Office Building, Room #045
January 20—Elkhorn—9:00 AM—Metropolitan Community College, Board Room #114

March 8—Norfolk—11:30 AM—NECC, Life Long Learning Center, Ste C & D
March 14—Scottsbluff—1:00 PM (MT)—WNCC, John Harms Tech Center, Rm. A113
March 16—North Platte—1:00 PM—Craft State Office Building, Room #045
March 17—Elkhorn—9:00 AM—Metropolitan Community College, Board Room #114

May 9—Scottsbluff—1:00 PM (MT)—WNCC, John Harms Tech Center, Rm. A113
May 10—Norfolk—11:30 AM—NECC, Life Long Learning Center, Ste C & D
May 17—Grand Island—10:30 AM—CCC, Seminar Room #210
May 19—Elkhorn—9:00 AM—Metropolitan Community College, Board Room #114

July 11—Scottsbluff—1:00 PM (MT)—WNCC, John Harms Tech Center, Rm. A113
July 12—Columbus—10:30 AM—CCC, West Education Building, Room #205
July 18—Kearney—10:30 AM—Central Community College, Room 132
July 20—North Platte—1:00 PM—Craft State Office Building, Room #045

September 12—Scottsbluff—1:00 PM (MT)—WNCC, John Harms Tech Center, A113
September 13—Norfolk—11:30 AM—NECC, Life Long Learning Center, Ste C & D
September 15—Elkhorn—Metropolitan Community College, Board Room #114
September 21—North Platte—1:00PM—Craft State Office Building, Room #045

November 8—Norfolk—11:30 AM—NECC, Life Long Learning Center, Ste C & D
November 15—Grand Island—10:30 AM—CCC, Seminar Room #210
November 16—North Platte—1:00 PM—Craft State Office Building, Room #045
November 17—Elkhorn—9:00 AM—Metropolitan Community College, Bd. Rm #114

More detailed addresses:

John Harms Tech Center—2620 College Park, Scottsbluff
Craft State Office Building—200 South Silber, North Platte
MCC, Elkhorn Campus—829 N 204 Street, Elkhorn
NECC, Lifelong Learning Center—601 Benjamin, Norfolk
CCC, Grand Island Campus—3134 W Hwy 34, Grand Island
CCC, Kearney Campus—3519 Second Avenue, Kearney

Applications available on-line or by contacting Mary Ann Moore at 402-471-4925.

STATE OF NEBRASKA, DEPARTMENT OF HEALTH & HUMAN SERVICES, REGULATION & LICENSURE
P.O. BOX 94986, LINCOLN, NE 68509-4986

APPLICATION FOR CERTIFICATION BY EXAMINATION—LICENSED PRACTICAL NURSE-CERTIFIED

SECTION A					
Name: (as it appears on LPN license)		LPN License Number:			
		Status:		Expires:	
Address:					
Social Security Number:		Date of Birth:		Place of Birth:	
Telephone: (home)		Telephone: (business)		e-mail:	

Section B: PRIMARY STATE OF RESIDENCE (All applicants must complete this section)	
I declare that my current primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principal home for legal purposes and is my domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.	
If you indicated another compact state as your primary state of residence, will you be moving to Nebraska and declaring Nebraska as your primary state of residence?	Answer Yes or No
If yes, date you plan to move	
If you have declared Nebraska as your primary state of residence, what date did Nebraska become your primary state of residence?	
Are you a military/federal employee?	Answer Yes or No

SECTION C – LPN-C COURSE	
Provider Name:	
Location:	
Date of Successful Completion:	

SECTION D – CERTIFICATION EXAMINATION	
Is this the first time you have applied to take the examination for certification?	Answer Yes or No
If no, identify the dates on which you have previously taken the examination:	
***Please note: If you have failed the examination twice, you must retake the certification course prior to retaking the certification examination.	
Please list date and time from the attached <i>LPN-C EXAMINATION SCHEDULE</i> you wish to take your LPN-C examination	

(continued on next page)

1	Do you currently have any charges pending which may result in a felony or misdemeanor conviction? Answer Yes or No	
2	Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? Answer Yes or No	
3	Have you ever been denied admission to take a licensing examination in any health care profession? Answer Yes or No	
4	Has your license in any health care profession ever been encumbered in any way (denied, revoked, suspended, limited, put on probation, refused renewal of, or disciplined in any way)? Answer Yes or No	
5	Are there any disciplinary charges pending against any health profession license? Answer Yes or No	

Revised 2-8-06